

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/890506** FILING DATE

APPLICANT(S)

Draft A Draft B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						
3						
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1	2	
12				1	1	
13			1			
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1		2	
TOTAL DEP.			16		18	
TOTAL CLAIMS			17		20	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								

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